Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Document Page 1 of 59 United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|--------------------------------|---|---|
| Guthrie, Matthew D. & Guthrie, | Fiffany L. | Chapter 7 |
| | Debtor(s) | |
| | VERIFICATION OF CREDITO | OR MATRIX |
| | | Number of Creditors23 |
| The above-named Debtor(s) he | reby verifies that the list of creditors is tru | ue and correct to the best of my (our) knowledge. |
| Date: February 23, 2016 | /s/ Matthew D. Guthrie | |
| | Debtor | |
| | | |
| | /s/ Tiffany L. Guthrie | |
| | Joint Debtor | |

AT&T PO Box 10330 Fort Wayne, IN 46851-0330

Blitt & Gaines, PC 662 Glenn Ave Wheeling, IL 60090-6018

Capital One Bank USA N.A. c/o Midland Credit Mgmt, Inc. 8875 Aero Dr Ste 200 San Diego, CA 92123-2255

Chase PO Box 901003 Columbus, OH 43224

Chase Auto PO Box 24696 Columbus, OH 43224-0696

Choice Recovery 1550 Old Henderson Rd Columbus, OH 43220-3626

Comenity Bank PO Box 182789 Columbus, OH 43218-2789 Credit One Bank N.A. c/o JC Christensen & Assoc. PO Box 519 Sauk Rapids, MN 56379-0519

Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635

Drive Time 1800 N Colorado St Gilbert, AZ 85233

DT Credit 4020 E Indian School Rd Phoenix, AZ 85018-5220

Earthmovers Cu 2195 Baseline Rd Oswego, IL 60543-6006

FingerHut Advantage PO Box 166 Newark, NJ 07101-0166

G M A C 15303 S 94th Ave Orland Park, IL 60462-3825 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Lvnv Funding LLC PO Box 10497 Greenville, SC 29603-0497

Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001

METABANK

c/o Blitt & Gaines, PC
661 Glenn Ave
Wheeling, IL 60090-6017

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709

Navient PO Box 9500 Wilkes Barre, PA 18773-9500

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4962 Swiss Colony 1112 7th Ave Monroe, WI 53566-1364

Webbank/gettington 6250 Ridgewood Rd Saint Cloud, MN 56303-0820 $_{\rm B201B~(Form~2}\mbox{Case,16-05960}$

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Northern District of Illinois, Eastern Division

| IN RE: | Case No. |
|---|---|
| Guthrie, Matthew D. & Guthrie, Tiffany L. | Chapter 7 |
| Debtor(s) | |
| CERTIFICATION OF NOTICE TO CONSUN UNDER § 342(b) OF THE BANKRUPT | · · |
| Certificate of [Non-Attorney] Bankruptcy Po | etition Preparer |
| I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereb notice, as required by § 342(b) of the Bankruptcy Code. | by certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer | Social Security number (If the bankruptcy |
| Address: | petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of |
| Address: X | |
| | the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Guthrie, Matthew D. & Guthrie, Tiffany L. | X /s/ Matthew D. Guthrie | 2/23/2016 |
|---|------------------------------------|-----------|
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X /s/ Tiffany L. Guthrie | 2/23/2016 |
| | Signature of Joint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|-------------------|-------------------------------|-----------------------|--|--|
| Debtor 1 | Matthew D. Guth | - | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Tiffany L. Guthrid | 9 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | _ (| | |
| Case number (if known) | | | | ☐ Check if this is ar | | |
| | | | | amended filing | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

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| Debtor 1 Debtor 2 Guthrie, Matthew D. & Guthrie, Tiffany L. | Case number (if known) | |
|---|--|-----------------------------|
| name: | ☐ Retain the property and redeem it.☐ Retain the property and enter into a <i>Reaffirmation</i> | ☐ Yes |
| Description of | Agreement. | |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | _ |
| Part 2: List Your Unexpired Personal Property Leases | | |
| For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Unexpired personal property lease if the true | red leases are leases that are still in effect; the leas | |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Part 3: Sign Below | | |
| Under penalty of perjury, I declare that I have indicated my is property that is subject to an unexpired lease. | ntention about any property of my estate that secu | res a debt and any personal |
| X /s/ Matthew D. Guthrie | X /s/ Tiffany L. Guthrie | |
| Matthew D. Guthrie Signature of Debtor 1 | Tiffany L. Guthrie Signature of Debtor 2 | |
| Date February 23, 2016 | Date February 23, 2016 | |

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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | Identify Yourself | | |
|--|--------------------|--|--|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| Write the name that is on your government-issued | | | Matthew First name | Tiffany First name |
| | exan | nple, your driver's se or passport). | D. Middle name | L. Middle name |
| | iden | g your picture tification to your meeting the trustee. | Guthrie Last name and Suffix (Sr., Jr., II, III) | Guthrie Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | |
| | | ide your married or den names. | | |
| 3. | you num Indi | the last 4 digits of r Social Security sber or federal vidual Taxpayer tification number | xxx-xx-0024 | xxx-xx-8319 |

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Debtor 1 Debtor 2

Guthrie, Matthew D. & Guthrie, Tiffany L.

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 2446 Deerfield Dr Aurora, IL 60506-6419 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Kane County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing | Check one: | Check one: | | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ■ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ■ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Debtor 1 Debtor 2

Guthrie, Matthew D. & Guthrie, Tiffany L.

| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Required by 11</i> d check the appropriate box. | U.S.C. § 342(b) for Individuals Filing for Bankruptcy | (Form |
|-----|---|------------|--|---|---|--|----------|
| | choosing to file under | ■ Cha | apter 7 | | | | |
| | | ☐ Cha | apter 11 | | | | |
| | | ☐ Cha | apter 12 | | | | |
| | | | apter 13 | | | | |
| 8. | How you will pay the fee | _ { | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | |
| | | | | | | , sign and attach the Application for Individuals to Pa | y The |
| | | | ū | nstallments (Officia | , | only if you are filing for Chapter 7. By law, a judge ma | v hutis |
| | | r) | not required t our family si | o, waive your fee, a ze and you are unat | nd may do so only if your income | e is less than 150% of the official poverty line that app). If you choose this option, you must fill out the <i>Appl</i> | olies to |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by | ■ No | | | | | |
| | an affiliate? | | Debtor | | | Polationship to you | |
| | | | District | | When | Relationship to you Case number, if known | |
| | | | Debtor | | WIICH | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | ■ No. | Go to I | ine 12. | | | |
| | residence? | ☐ Yes | Has yo | ur landlord obtained | d an eviction judgment against y | ou and do you want to stay in your residence? | |
| | | . 20 | | No. Go to line 12. | | | |
| | | | | Yes. Fill out <i>Initial</i> | Statement About an Eviction Ju | adgment Against You (Form 101A) and file it with thi | 3 |

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| Debtor | 1 | |
|--------|---|--|
| D-64 | ^ | |

Guthrie, Matthew D. & Guthrie, Tiffany L.

| Par | Report About Any Bus | sinesses \ | ou Own | as a Sole Proprietor | | | |
|-----|---|------------|---|--------------------------------------|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | o. Go to Part 4. | | | | |
| | | ☐ Yes. | Name | e and location of busi | ness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Numb | oer, Street, City, State | e & ZIP Code | | |
| | to this petition. | | Chec | k the appropriate box | to describe your business: | | |
| | | | | Health Care Busine | ss (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real E | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of leral income tax return or if any of these documents do not exist, follow the procedure in 11 | | | | |
| | For a definition of small | No. | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am t Code | | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am t | filing under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | Report if You Own or | Have Any | Hazardo | us Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable | | What is | the hazard? | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |

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Debtor 1 Debtor 2

Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Debtor 2

Guthrie, Matthew D. & Guthrie, Tiffany L.

| Pari | | ons for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an | | | | | | | |
|------|--|---|---|--|-----------------------------|---|--|--|--|
| 10. | What kind of debts do you have? | | individual primarily for a personal, family, or household purpose." | | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you o | owe that are not consumer de | ebts or busin | ess debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapte | er 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | | Do you estimate that after an ble to distribute to unsecured | | operty is excluded and administrative expenses are | | | |
| | administrative expenses | | ■ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$100,00 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$1 □ \$10,000,001 - \$ □ \$50,000,001 - \$ □ \$100,000,001 - | 50 million 100 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities to be? | \$100,00 | 0,000 11 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$1 □ \$10,000,001 - \$ □ \$50,000,001 - \$ □ \$100,000,001 - | 50 million 100 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | |
| Par | 7: Sign Below | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | case can r | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankr case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Matthew D. Guthrie /s/ Tiffany L. Guthrie | | | | | | |
| | | | D. Guthrie of Debtor 1 | | iffany L. G gnature of D | | | | |
| | | Executed of | February 23, 2016 MM / DD / YYYY | E> | recuted on | February 23, 2016 MM / DD / YYYY | | | |

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| Debtor | 1 |
|--------|---|
| Dahtar | 2 |

Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Darrell Jordan | Date | February 23, 2016 |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Darrell Jordan Printed name | | |
| Jordan Legal Group | | |
| Firm name | | |
| 1999 W Galena Blvd Ste B | | |
| Aurora, IL 60506-4305 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | djordan@djordanlegal.com |
| | | |
| Bar number & State | | |

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| | | | Document | Page 16 of 59 | | |
|--------------|-----------------------------------|-----------------------------|---|----------------------------|--|--|
| Fill i | n this inform | ation to identify your o | case and this filing: | | | |
| Debt | or 1 | Matthew D. Guthi | rie | | | |
| | | First Name | Middle Name | Last Name | | |
| Debt | | Tiffany L. Guthrie | | | | |
| (Spous | se, if filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ban | kruptcy Court for the: | NORTHERN DISTRICT OF ILLI | NOIS, EASTERN DIVISIO | N N | |
| Case | number | | | _ | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offi | icial For | m 106A/B | | | | |
| | | | ortv | | | |
| | | A/B: Prop | | | | 12/15 |
| | | | items. List an asset only once. If a e as possible. If two married people | | | |
| | ation. If more er every questi | | a separate sheet to this form. On the | top of any additional page | s, write your name and c | ase number (if known). |
| Allow | — | | | | | |
| Part 1 | Describe E | ach Residence, Building | Land, or Other Real Estate You Ow | n or Have an Interest In | | |
| 1. Do | you own or ha | ive any legal or equitable | interest in any residence, building, | land, or similar property? | | |
| | No. Go to Part | 2 | | | | |
| | Yes. Where is | | | | | |
| ш | res. where is | the property? | | | | |
| Part 2 | Describe Y | our Vehicles | | | | |
| | | | | | | 12.1 |
| | | | table interest in any vehicles, w also report it on <i>Schedule G: Exe</i> o | | | enicles you own that |
| | | • | · | , | , , | |
| 3. Ca | rs, vans, tru | cks, tractors, sport util | ity vehicles, motorcycles | | | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | | |
| 3.1 | Make: | | Who has an interest in the | e property? Check one | | d claims or exemptions. Put |
| | Model: | | Debtor 1 only | | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | | Debtor 2 only | | | |
| | Approximate | mileage: | Debtor 1 and Debtor 2 of | ? only | Current value of the entire property? | Current value of the portion you own? |
| | Other informa | ation: | At least one of the debte | ors and another | | |
| | 2009 Dod | ge Grand Caravan | N/ | | AT 000 0 | |
| | 106K mile | es | Check if this is committee (see instructions) | unity property | \$5,000.0 | 0 \$5,000.00 |
| | | | (See Instructions) | | | |
| | | | | | | |
| | | | Vs and other recreational vehic | | | |
| EX | ampies: boats | s, trailers, motors, persor | nal watercraft, fishing vessels, snow | vmobiles, motorcycle acces | ssories | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | | |
| | | | | | _ | |
| 5 A | dd the dollar | value of the portion ye | ou own for all of your entries fro | om Part 2, including any | entries for pages | 45.000.00 |
| .yo | ou have attac | ched for Part 2. Write the | nat number here | | => | \$5,000.00 |
| | _ | | | | | |
| Part 3 | | our Personal and House | | | | |
| ро у | ou own or ha | ave any legal or equita | ble interest in any of the followi | ng items? | | Current value of the portion you own? |
| | | | | | | Do not deduct secured |
| 6 H- | usehold acc | ods and furnishings | | | | claims or exemptions. |
| | | | inens, china, kitchenware | | | |

□ No
Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Document P | Entered 02/23/16 15:51:43 age 17 of 59 | Desc Main |
|--|--|---|--|
| Debtor 2 | Guthrie, Matthew D. & Guthrie, Tiffany L. | Case number (if known) | |
| ■ Yes. | Describe | | **** |
| | Misc. household goods and furnishings | | \$500.00 |
| □ No | nics les: Televisions and radios; audio, video, stereo, and digital equipment; including cell phones, cameras, media players, games Describe Misc. electronics | computers, printers, scanners; music collec | ctions; electronic devices |
| Example No | ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pi collections, memorabilia, collectibles Describe | ctures, or other art objects; stamp, coin, or l | baseball card collections; other |
| Example ■ No | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycle instruments Describe | s, pool tables, golf clubs, skis; canoes and | kayaks; carpentry tools; musical |
| ■ No □ Yes. | ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | ssories | |
| Yes. | Describe Necessary wearing apparel | | \$250.00 |
| □ No ■ Yes. 13. Non-fai Examp ■ No □ Yes. 14. Any otl ■ No | Ty sples: Everyday jewelry, costume jewelry, engagement rings, wedding ring. Describe Wedding band arm animals sples: Dogs, cats, birds, horses Describe ther personal and household items you did not already list, included. Give specific information | | \$100.00 |
| | the dollar value of all of your entries from Part 3, including any er 3. Write that number here | | \$950.00 |
| | escribe Your Financial Assets | | Current value of the |
| DO YOU OW | wn or have any legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 2

| | Document Page 18 of 59 | Malli |
|----------------------------------|--|--------------------|
| Debtor 1 | Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if known) | |
| 16. Cas ł | | |
| | mples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| ■ Ye | 5 | |
| | Cash on hand | \$25.00 |
| Exa | sits of money nples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and continuation institutions. If you have multiple accounts with the same institution, list each. | ther similar |
| □ No ■ Ye | Institution name: | |
| | Savings account | \$25.00 |
| Exa ■ No | s, mutual funds, or publicly traded stocks mples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: | |
| | oublicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC | , partnership, and |
| join ■ No | venture | |
| | s. Give specific information about them Name of entity: % of ownership: | |
| Neg Non ■ No | rnment and corporate bonds and other negotiable and non-negotiable instruments otiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. onegotiable instruments are those you cannot transfer to someone by signing or delivering them. s. Give specific information about them Issuer name: | |
| 21. Retir <i>Exa</i> □ No | ement or pension accounts nples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | s. List each account separately. | |
| | Type of account: Institution name: 401K w/ husband's employer | \$3,000.00 |
| You <i>Exa</i> □ No | rity deposits and prepayments share of all unused deposits you have made so that you may continue service or use from a company nples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: | |
| ■ Ye | S Checking account | \$2.00 |
| | | |
| | 3 accounts w/ Old Second | \$1.00 |
| _ | ities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| ■ No | Issuer name and description. | |
| 24. Intere 26 U. | sts in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | |
| | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. Trus ■ No | s, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable fo | r your benefit |

Official Form 106A/B Schedule A/B: Property page 3

| | ebtor 1 ebtor 2 | Guthrie, Matthey | | Document Tiffany L. | Page 19 of 59 Case number (if known) | Desc Main |
|-----|--------------------|---|---------------------|--|--|--|
| | ☐ Yes. | Give specific informat | ion about them | | | |
| 26. | | | | ets, and other intellectual occeeds from royalties and | | |
| | | Give specific informat | ion about them | | | |
| 27. | Examp ■ No | es, franchises, and of oles: Building permits, e | exclusive licenses, | ngibles cooperative association h | oldings, liquor licenses, professional licenses | |
| 8.4 | | | | | | Command value of the |
| IVI | oney or | property owed to you | i ? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | | |
| | | Give specific information | on about them, incl | luding whether you already | filed the returns and the tax years | |
| 29. | | support les: Past due or lump | sum alimony, spo | usal support, child suppo | rt, maintenance, divorce settlement, property | settlement |
| | | Give specific information | on | | | |
| 30. | Examp | | | - | s, sick pay, vacation pay, workers' compensat | ion, Social Security benefits; |
| | ■ No □ Yes. | Give specific informati | on | | | |
| 31. | | ts in insurance policioles: Health, disability, o | | ealth savings account (HS | A); credit, homeowner's, or renter's insurance | |
| | _ | Name the insurance co | | licy and list its value. | | |
| | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you a died. | | | someone who has died proceeds from a life insur | rance policy, or are currently entitled to receive p | property because someone has |
| | ■ No □ Yes. | Give specific informati | on | | | |
| 33. | _Examp | | | you have filed a lawsuit surance claims, or rights | or made a demand for payment to sue | |
| | ■ No □ Yes. | Describe each claim | | | | |
| 34. | Other o | ontingent and unliqu | idated claims of | every nature, including | counterclaims of the debtor and rights to s | et off claims |
| | | Describe each claim | | | | |
| 35. | Any fin | ancial assets you did | I not already list | | | |
| | ☐ Yes. | Give specific informati | on | | | |
| 36 | | | | | y entries for pages you have attached for | \$3,053.00 |

Official Form 106A/B Schedule A/B: Property page 4

Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Document Page 20 of 59 Debtor 1 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if known) Debtor 2 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific information....... 2 household cats unknown 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$5.000.00 57. Part 3: Total personal and household items, line 15 \$950.00 Part 4: Total financial assets, line 36 58. \$3,053.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$9,003.00 \$9,003.00 Copy personal property total

\$9.003.00

Official Form 106A/B Schedule A/B: Property page 5

Total of all property on Schedule A/B. Add line 55 + line 62

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|------------------------------|-----------------------------------|
| Debtor 1 | Matthew D. Guth | rie | | |
| | First Name | Middle Name | Last Name |) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISIO | <u>DN</u> |
| Case number (if known) | | | | ☐ Check if this is amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | laentity th | e Property | You Claim as | Exempt |
|---------|-------------|------------|--------------|--------|
| | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| <u>Debtor 1 Exemptions</u> 2009 Dodge Grand Caravan w/ 106K miles | \$5,000.00 | • | \$4,800.00 | 735 ILCS 5/12-1001(c) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2009 Dodge Grand Caravan w/ 106K miles | \$5,000.00 | | \$200.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Misc. household goods and furnishings | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Misc. electronics Line from Schedule A/B 7.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash on hand Line from Schedule A/B 16.1 | \$25.00 | | \$25.00 | 735 ILCS 5/12-1001(b) | |
| Enterior Corrodato / V.D. 1911 | | | 100% of fair market value, up to | | |

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| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----|---|--------------------------------------|--------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Savings account Line from Schedule A/B 17.1 | \$25.00 | | \$25.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401K w/ husband's employer Line from Schedule A/B 21.1 | \$3,000.00 | | \$3,000.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule A/L 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every 3 yr No | | | on or after the date of adjustment.) | |
| | Yes. Did you acquire the property covered No Yes | by the exemption within | า 1,21 | 5 days before you filed this case? | |
| | – 163 | | | | |

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| | | | | | | | 3 | | | |
|------------------------------|--|--|---|--|----------------------------------|------------------|---|---------------------------|--|----------|
| Fill | in this i | information | to identify your c | ase: | | | | | | |
| Deb | otor 1 | | | | | | | 7 | | |
| | | Firs | t Name | Middle Na | ime | L | ast Name |) | | |
| | otor 2 | | ffany L. Guthrie | | | | | | | |
| (Spo | use if, filing | ig) Firs | t Name | Middle Na | me | L | ast Name | | | |
| Unit | ted State | es Bankrupt | cy Court for the: | NORTHERN | DISTRICT OF | ILLING | DIS, EASTERN DIVISION | | | |
| Cas | se numb | oer | | | _ | | | | | |
| (if kn | iown) | | | | | | | | Check if this is ar amended filing | 1 |
| Of | ficial | Form | 106C | | | | | | | |
| | | | | norty) | Vou Cla | im | ac Evomnt | | | 4045 |
| <u> </u> | лес | Jule C | : The Pic | perty | You Cla | 111111 | as Exempt | | | 12/15 |
| prop | erty you and attac | listed on So | hedule A/B: Propei | ty (Official Forr | n 106A/B) as yo | our sou | , both are equally responsible for su lrce, list the property that you claim a ry. On the top of any additional page | s exempt. I | f more space is need | ed, fill |
| appl fund to a appl | icable s Is—may particul icable s | statutory lir y be unlimit lar dollar ar statutory ar | nit. Some exempti ed in dollar amou nount and the val | ons—such as nt. However, if ue of the prop | those for heal f you claim an | th aids exemp | market value of the property beir s, rights to receive certain benefit bition of 100% of fair market value b exceed that amount, your exem | s, and tax- under a la | exempt retirement w that limits the exe | |
| 1. | Which | set of exem | ptions are you cla | iming? Check | one only, even | if you | r spouse is filing with you. | | | |
| | ■ You a | are claiming | state and federal no | onbankruptcy e | xemptions. 11 | U.S.C | . § 522(b)(3) | | | |
| | ☐ You a | are claiming | federal exemptions | . 11 U.S.C. § | 522(b)(2) | | | | | |
| 2. | For any | y property y | ou list on Schedu | le A/B that yo | u claim as exe | mpt, fi | ill in the information below. | | | |
| | | | he property and line its this property | | nt value of the on you own | Amo | ount of the exemption you claim | Specific I | laws that allow exemp | tion |
| | | | | | the value from dule A/B | Che | ck only one box for each exemption. | | | |
| Del | btor 2 | Exemptio | ns | | | | | | | |
| | | escription | | | | | | | | |
| | Line fro | m Schedule | A/B: | | | | 100% of fair market value, up to | | | |
| | | | | | | _ | any applicable statutory limit | | | |
| | | | homestead exem | | | | | | | |
| | ` ' | • | ent on 4/01/16 and e | every 3 years at | fter that for case | es filed | on or after the date of adjustment.) | | | |
| | ■ No | 0 | | | | | | | | |
| | ☐ Ye | es. Did you a | cquire the property | covered by the | exemption withi | n 1,21 | 5 days before you filed this case? | | | |
| | | No | | | | | | | | |
| | | Yes | | | | | | | | |

Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Page 24 of 59 Document Fill in this information to identify your case: Debtor 1 Matthew D. Guthrie Middle Name Last Name Debtor 2 Tiffany L. Guthrie Middle Name Last Name (Spouse if, filing) First Name NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? □ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column C Column A Column B 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this portion value of collateral. claim If any 2.1 | Chase Auto Describe the property that secures the claim: \$6,750.00 \$0.00 \$6,750.00 Creditor's Name PO Box 24696 As of the date you file, the claim is: Check all that Columbus, OH apply. 43224-0696 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number 4756 \$5,000.00 DT Credit Describe the property that secures the claim: \$16,865.00 \$11,865.00 Creditor's Name 2009 Dodge Caravan As of the date you file, the claim is: Check all that 4020 E Indian School Rd Phoenix, AZ 85018-5220 ☐ Contingent

Number, Street, City, State & Zip Code

Unliquidated

☐ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

Debtor 1 only

■ Debtor 1 and Debtor 2 only

An agreement you made (such as mortgage or secured) car loan)

Debtor 2 only

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ At least one of the debtors and another ☐ Check if this claim relates to a

☐ Judgment lien from a lawsuit

community debt

Other (including a right to offset)

Date debt was incurred

Last 4 digits of account number

XXXX

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| Debtor 1 Matthew D. Guthrie | | Case number (f know) | | | | |
|---|---|--|------------------------------------|----|--|--|
| First Name Middle N | ame Last Name | | | | | |
| Debtor 2 Tiffany L. Guthrie First Name Middle N | ame Last Name | | | | | |
| i list wante livilidate iv | ane Last Name | | | | | |
| 2.3 G M A C | Describe the property that secures the claim | \$7,277.00 | \$0.00 \$7,277.0 |)0 | | |
| Creditor's Name | | | | | | |
| | | | | | | |
| 15303 S 94th Ave | As of the date you file, the claim is: Check all t | hat | | | | |
| Orland Park, IL | apply. | iai | | | | |
| 60462-3825 | ☐ Contingent | | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | |
| | ☐ Disputed | | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage | or secured | | | | |
| Debtor 2 only | car loan) | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | on) | | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | enj | | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | | | |
| community debt | Other (including a right to offset) | | | | | |
| Date debt was incurred | Last 4 digits of account number 3 | 358 | | | | |
| | | | | _ | | |
| | | | | | | |
| Add the deller value of your entries in Cal | umn A on this page. Write that number here: | ¢20, 902, 00 | П | | | |
| If this is the last page of your form, add th | | \$30,892.00 | 4 | | | |
| Write that number here: | e donar value totals from all pages. | \$30,892.00 | | | | |
| | | | - | | | |
| Part 2: List Others to Be Notified for | r a Debt That You Already Listed | | | _ | | |
| Use this page only if you have others to b | e notified about your bankruptcy for a debt tha | t you already listed in Part 1. For | example, if a collection agency is | | | |
| | we to someone else, list the creditor in Part 1, | | | | | |
| debts in Part 1, do not fill out or submit th | you listed in Part 1, list the additional creditor is page. | s nere. If you do not have addition | ial persons to be notified for any | | | |
| | | | | | | |
| Name, Number, Street, City, State & 2 | Zip Code | On which line in Part 1 did you enter | the creditor? 2.2 | | | |
| Drive Time | | , | | | | |
| 1800 N Colorado St | L | ast 4 digits of account number <u>XX</u> | <u>xx</u> | | | |
| Gilbert, AZ 85233 | | | | | | |

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|------------------------------------|--|--|---|--|--|--|
| Fill in this info | ormation to identify your case: | | | | | |
| Debtor 1 | Matthew D. Guthrie | | | | | |
| | First Name | Middle Name Last Name | | | | |
| Debtor 2 (Spouse if, filing) | Tiffany L. Guthrie First Name | Middle Name Last Name | | | | |
| | | | | | | |
| United States | Bankruptcy Court for the: NC | DRTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | | | |
| Case number | | | | | | |
| (if known) | | - | Check if this is an | | | |
| | | | mended filing | | | |
| Official Fo | rm 106E/F | | | | | |
| | | Have Unsecured Claims | 12/15 | | | |
| | | t 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claim | | | | |
| Schedule G: Exe D: Creditors Wh | ecutory Contracts and Unexpired L o Have Claims Secured by Propert n Page to this page. If you have no | could result in a claim. Also list executory contracts on Schedule A/B: Property (Officia eases (Official Form 106G). Do not include any creditors with partially secured claims of ty. If more space is needed, copy the Part you need, fill it out, number the entries in the information to report in a Part, do not file that Part. On the top of any additional pages, | that are listed in Schedule boxes on the left. Attach | | | |
| Part 1: List | All of Your PRIORITY Unsecu | red Claims | | | | |
| | ditors have priority unsecured clai | ms against you? | | | | |
| No. Go t | o Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | t All of Your NONPRIORITY Un | secured Claims | | | | |
| 3. Do any cree | ditors have nonpriority unsecured | claims against you? | | | | |
| ☐ No. You | have nothing to report in this part. So | ubmit this form to the court with your other schedules. | | | | |
| Yes. | | | | | | |
| unsecured of | claim, list the creditor separately for e | in the alphabetical order of the creditor who holds each claim. If a creditor has more that each claim. For each claim listed, identify what type of claim it is. Do not list claims already included the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | uded in Part 1. If more | | | |
| | | | Total claim | | | |
| 4.1 AT&1 | | Last 4 digits of account number 6154 | \$2,346.96 | | | |
| Nonpri | ority Creditor's Name | When was the debt incurred? | | | | |
| РО В | ox 10330 | When was the dest incurred: | - | | | |
| Fort ' | Wayne, IN 46851-0330 | | | | | |
| | er Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| _ | ncurred the debt? Check one. otor 1 only | | | | | |
| | otor 2 only | Contingent | | | | |
| | • | ☐ Unliquidated | | | | |
| _ | otor 1 and Debtor 2 only | Disputed | | | | |
| _ ` | east one of the debtors and another | Type of NONPRIORITY unsecured claim: □ Student loans | | | | |
| L Che debt | eck if this claim is for a communit | y ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | claim subject to offset? | report as priority claims | | | | |
| ■ No | | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ☐ Yes | 3 | ■ Other. Specify Services provided | _ | | | |
| | | | | | | |

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Debtor 1 Debtor 2 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if know) 4.2 Last 4 digits of account number \$952.00 Capital One Bank USA N.A. 2565 Nonpriority Creditor's Name When was the debt incurred? c/o Midland Credit Mgmt, Inc. 8875 Aero Dr Ste 200 San Diego, CA 92123-2255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 Last 4 digits of account number \$6,750.00 Chase XXXX Nonpriority Creditor's Name When was the debt incurred? PO Box 901003 Columbus, OH 43224 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Deficiency on repossed vehicle 08/2015 ☐ Yes 4.4 **Comenity Bank** Last 4 digits of account number \$985.00 XXXX Nonpriority Creditor's Name When was the debt incurred? PO Box 182789 Columbus, OH 43218-2789 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Misc. consumer purchases ☐ Yes

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Debtor 1 Debtor 2 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if know) 4.5 Credit One Bank N.A. Last 4 digits of account number \$1,598.00 1204 Nonpriority Creditor's Name c/o JC Christensen & Assoc. When was the debt incurred? PO Box 519 Sauk Rapids, MN 56379-0519 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Misc. consumer purchases ☐ Yes 4.6 Credit One Bank N.A. Last 4 digits of account number \$889.00 9531 Nonpriority Creditor's Name When was the debt incurred? Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Dept of Ed/Navient Last 4 digits of account number 0330 \$11,986.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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| Guthrie, Matthew D. & Guthrie, Ti | iffany L. | Case number (f know) | |
|---|--|--|-------------|
| Dept of Ed/Navient | Last 4 digits of account number | 0330 | \$10,833.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | | |
| PO Box 9635 | | | |
| Wilkes Barre, PA 18773-9635 | | | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Dept of Ed/Navient | Last 4 digits of account number | 0924 | \$8,225.00 |
| Nonpriority Creditor's Name | | | |
| PO Box 9635 | When was the debt incurred? | | |
| Wilkes Barre, PA 18773-9635 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Dept of Ed/Navient | Last 4 digits of account number | 0924 | \$675.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | | |
| PO Box 9635 | when was the dest mounted: | | |
| Wilkes Barre, PA 18773-9635 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | Student loans | vertice agreement or diverse that we did a | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | <u> </u> | ••• ••• •• •• •• •• | |
| □ 162 | Other. Specify | | |

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| Guthrie, Matthew D. & Guthrie, Tit | ffany L. Case number (f know) | |
|--|---|------------|
| Earthmovers Cu | Last 4 digits of account number 6328 | \$126.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 2195 Baseline Rd Oswego, IL 60543-6006 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you report as priority claims | ı did not |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Misc. consumer purchases | |
| Kohls/capone | Last 4 digits of account number | \$393.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | men was the dest medical. | |
| Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you report as priority claims | ı did not |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Merrick Bank | Last 4 digits of account number 7991 | \$1,287.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 9201 Old Bethpage, NY 11804-9001 | men was the dest medical. | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you | ı did not |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | <u> </u> | |
| Yes | Other Specify | |

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| Debto Debto | or 1 Guthrie, Matthew D. & Guthrie, Ti | ffany L. Case number (f know) | |
|----------------|---|---|-------------|
| 4.14 | METABANK | Last 4 digits of account number 7220 | \$3,517.00 |
| | Nonpriority Creditor's Name c/o Blitt & Gaines, PC 661 Glenn Ave | When was the debt incurred? | |
| | Wheeling, IL 60090-6017 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services provided | |
| 4.15 | Navient | Last 4 digits of account number 0929 | \$87,614.00 |
| | Nonpriority Creditor's Name | When we the debt incorred? | |
| | PO Box 9500 | When was the debt incurred? | |
| | Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Пол | |
| | _ | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.16 | Navient | Last 4 digits of account number 1115 | \$20,475.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 9500 | | |
| | Wilkes Barre, PA 18773-9500 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other Specify | |

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Debtor 1 Debtor 2 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if know) 4.17 Last 4 digits of account number **Navient** 1029 \$20,351.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 9500 Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.18 Navient Last 4 digits of account number \$13,058.00 1115 Nonpriority Creditor's Name When was the debt incurred? PO Box 9500 Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.19 **Navient** Last 4 digits of account number 1029 \$12,177.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 9500 Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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| Guthrie, Matthew D. & Guthrie, Ti | ffany L. Case number (f know) | |
|--|---|-----------|
| Sugar Grove Animal Hospital Nonpriority Creditor's Name | Last 4 digits of account number 6443 | \$77.0 |
| , | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | Пол | |
| Debtor 2 only | ☐ Contingent | |
| ′ | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| _ | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Services provided | |
| | | |
| Swiss Colony | Last 4 digits of account number 584A | \$347.0 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 1112 7th Ave | | |
| Monroe, WI 53566-1364 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| _ ′ | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify | |
| | | |
| Webbank/gettington Nonpriority Creditor's Name | Last 4 digits of account number | \$2,151.0 |
| Nonpholity Cications Name | When was the debt incurred? | |
| 6250 Ridgewood Rd Saint Cloud, MN 56303-0820 | | |
| Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| _ | □ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | <u> </u> | |
| Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Debtor 2 Guthrie, Matthew D. & Gut | | Case number (f know) | | |
|--|--------------------------------------|---|--|--|
| Blitt & Gaines, PC 662 Glenn Ave | Line 4.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Wheeling, IL 60090-6018 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 1204 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | , _ · | | |
| Choice Recovery 1550 Old Henderson Rd | Line 4.20 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Columbus, OH 43220-3626 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 6443 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | | | |
| FingerHut Advantage PO Box 166 | Line 4.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Newark, NJ 07101-0166 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 7220 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | , | | |
| Lvnv Funding LLC | Line 4.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| PO Box 10497 Greenville, SC 29603-0497 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Creditalic, GO 2000 0407 | Last 4 digits of account number | 1204 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | , _ · | | |
| Midland Funding 2365 Northside Dr Ste 30 | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| San Diego, CA 92108-2709 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 2565 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | | | |
| Midland Funding 2365 Northside Dr Ste 30 | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| San Diego, CA 92108-2709 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 9531 | | |
| Name and Address | On which entry in Part 1 or Part 2 d | , _ · | | |
| Portfolio Recovery Ass 120 Corporate Blvd Ste 1 | Line 4.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Norfolk, VA 23502-4962 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | 7220 | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 206,812.96 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 206,812.96 |

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| | | Docume | <u> </u> | |
|---------------------|--------------------------|-------------------|-------------------------------|-------------------|
| Fill in this inform | mation to identify your | case: | | |
| Debtor 1 | Matthew D. Guth | rie | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tiffany L. Guthri | e | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | <u> </u> |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this i |
| | | | | amended filin |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person o | r company with | whom you have the Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|----------|----------------|--|---------------------|---|
| 2.1 | | , | ,,, | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Document Page 36 of 59 Fill in this information to identify your case: Debtor 1 Matthew D. Guthrie Middle Name Last Name First Name Debtor 2 Tiffany L. Guthrie Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106H **Schedule H: Your Codebtors** 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ■ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line

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Street

Street

State

State

Name

Number City

Name

Number

City

3.2

ZIP Code

ZIP Code

☐ Schedule E/F, line☐ Schedule G. line☐

☐ Schedule D, line

☐ Schedule E/F, line ☐ Schedule G. line

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| Fill | in this information to identify your of | .ase. | | • |
|---------------|---|------------------------------|---|--|
| | otor 1 Matthew D. | | | |
| | otor 2 Tiffany L. C | Guthrie | | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS, EASTERN | |
| (If kn | se number nown) | | - | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: |
| | fficial Form 106I | | | MM / DD/ YYYY |
| _ | chedule I: Your Inc | - | | 12/15 and Debtor 2), both are equally responsible for |
| spoi attac | use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment | ır spouse is not filing wit | th you, do not include information | ing with you, include information about your on about your spouse. If more space is needed, case number (if known). Answer every question. |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | ■ Employed |
| | information about additional | p.c.y | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Manager | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Panasonic Corp. of North America | Aurora West |
| | Occupation may include student homemaker, if it applies. | or Employer's address | 2 Riverfront Plz Newark, NJ 07102-5451 | 80 S River St Aurora, IL 60506-5178 |
| | | How long employed the | here? 22 years | 2 years and 2 months |
| Par | Give Details About Mo | nthly Income | | |
| | mate monthly income as of the d ss you are separated. | ate you file this form. If y | you have nothing to report for any lir | ne, write \$0 in the space. Include your non-filing spouse |
| | u or your non-filing spouse have mo ce, attach a separate sheet to this fo | | bine the information for all employe | rs for that person on the lines below. If you need more |
| | | | | For Debtor 1 For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | \$6,303.64 \$1,693.84 |
| 3. | Estimate and list monthly over | time pay. | 3. +5 | |

6,303.64

\$ 1,693.84

Calculate gross Income. Add line 2 + line 3.

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Debtor 1

Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if known) Debtor 2 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 4 6,303.64 1,693.84 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 1,086.93 297.34 Mandatory contributions for retirement plans 5b. 5b. 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 287.22 0.00 5e. Insurance 5e. 528.17 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. Union dues 5g. 0.00 0.00 5h. Other deductions. Specify: LTD Insurance 5h.+ 19.10 0.00 **Child Life** 1.75 0.00 0.00 Metcip 31.65 Metlife Legal 17.20 0.00 \$ 0.00 Spouse Life 4.80 Supp Life 22.30 0.00 0.00 0.00 Vaughn Center 0.00 257.84 Paraprofessional dues 0.00 19.86 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 6. 1.999.12 575.04 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7 4,304.52 1,118.80 List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 8c. settlement, and property settlement. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 Pension or retirement income 8g. \$ 8g. 0.00 0.00 Other monthly income. Specify: 8h.+ **General Employee Bonus** \$ 370.83 \$ 0.00 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 370.83 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ \$ 4,675.35 1.118.80 5.794.15 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5,794.15 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined

monthly income

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| Debtor 1 Debtor 2 | Guthrie, Matthe | ew D. & Guthrie, Tiffany L. | Case number (if known) | |
|----------------------|-------------------|--|------------------------|--|
| 13. Do y | ou expect an incr | ease or decrease within the year after you file this form? | | |
| _ | Yes. Explain: | | | |

Official Form 106I Schedule I: Your Income page 3

| | in this informa | ation to identify yo | our case: | | | Ī | | |
|------|---|---|-------------------------|--|---|--------------------------------|---|---|
| | | | | | | | | |
| Dec | otor 1 | Matthew D. | Guthrie | | | | c if this is: An amended filing | |
| | otor 2 ouse, if filing) | Tiffany L. G | uthrie | | _ | | • | ing postpetition chapter 13 following date: |
| Unit | ted States Bank | ruptcy Court for the | | HERN DISTRICT OF ILLIN RN DIVISION | OIS, | <u> </u> | MM / DD / YYYY | |
| | se number nown) | | | | | | | |
| | | orm 106J | Evnor | 1000 | | • | | |
| Be | as complete ormation. If m | | possible. eded, atta | If two married people are ch another sheet to this fo | | | | |
| Par | | ribe Your House | hold | | | | | |
| 1. | Is this a join | | | | | | | |
| | ☐ No. Go to | s line 2. es Debtor 2 live i | n a senara | ate household? | | | | |
| | _ | | ii a sepait | ne nousenoia: | | | | |
| | ■ N | | st file Offic | ial Form 106J-2, <i>Expenses</i> i | for Separate Househ | nold of Debtor | 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Dtr | | 14 | Yes |
| | | | | | Dir | | 40 | □ No |
| | | | | | Dtr | | 13 | ■ Yes □ No |
| | | | | | Son | | 11 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 10 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 8 | Yes |
| 3. | expenses o | penses include f people other tl d your depende | han _ | l No l Yes | | | | |
| Par | t 2: Estim | nate Your Ongoi | ng Month | y Expenses | | | | |
| exp | imate your ex penses as of a plicable date. | xpenses as of your date after the b | our bankru pankruptc | uptcy filing date unless yo y is filed. If this is a supple | ou are using this for emental Schedule J | rm as a supp /, check the b | lement in a Chapt oox at the top of th | er 13 case to report ne form and fill in the |
| Inc | lude expense | s paid for with r | າon-cash ເ | government assistance if | you know the | | | |
| | ue of such as ficial Form 10 | | ve include | ed it on Schedule I: Your i | ncome | | Your expe | enses |
| 4. | | or home owners and any rent for the | | ses for your residence. In lot. | clude first mortgage | 4. \$ | | 2,200.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | erty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | e maintenance, re eowner's associat | • | upkeep expenses | | 4c. \$ 4d. \$ | | 150.00 0.00 |
| | →u. HOITE | owner a assucial | IOIT OF COLIC | JOHNING LINES | | 4u. Þ | | 0.00 |

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| Debtor 1 Debtor 2 | Guthrie, Matthew D. & Guthrie, Tiffany L. | Case number (if known) | |
|----------------------|--|------------------------|------|
| 5. Addi | tional mortgage payments for your residence, such as home equity loans | 5. \$ | 0.00 |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Debtor 2 | Guthrie, Matthew D. & Guthrie, Tiffany L. | Case number (if known) | |
|----------------------|---|------------------------|-----------------------------|
| 6. Utili | ties: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 225.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 120.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 150.00 |
| 6d. | Other. Specify: | 6d. \$ | 0.00 |
| . Foo | d and housekeeping supplies | 7. \$ | 1,200.00 |
| . Chil | dcare and children's education costs | 8. \$ | 100.00 |
| . Clot | hing, laundry, and dry cleaning | 9. \$ | 200.00 |
| 0. Pers | onal care products and services | 10. \$ | 50.00 |
| 1. Med | ical and dental expenses | 11. \$ | 100.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 40 ft | 400.00 |
| | not include car payments. | 12. \$ | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 100.00 |
| | ritable contributions and religious donations | 14. \$ | 50.00 |
| 5. Ins u | rance. ot include insurance deducted from your pay or included in lines 4 or 20. | | |
| | Life insurance | 15a. \$ | 0.00 |
| | Health insurance | 15b. \$ | 0.00 |
| | Vehicle insurance | 15c. \$ | 110.00 |
| | Other insurance. Specify: | 15d. \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | 0.00 |
| Spe | | 16. \$ | 0.00 |
| | allment or lease payments: | 47- 0 | 400.00 |
| | Car payments for Vehicle 1 | 17a. \$ | 460.00 |
| | Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | Other. Specify: | 17c. \$ | 0.00 |
| | Other. Specify: | 17d. \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report ucted from your pay on line 5, Schedule I, Your Income (Official Form 106) | | 0.00 |
| | er payments you make to support others who do not live with you. |). | 0.00 |
| Spe | | 19. | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or on Sc | | |
| | Mortgages on other property | 20a. \$ | 0.00 |
| 20b. | Real estate taxes | 20b. \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 1. O the | er: Specify: | 21. +\$ | 0.00 |
| 2. Calc | ulate your monthly expenses | | |
| | Add lines 4 through 21. | \$ | 5,615.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | | |
| | Add line 22a and 22b. The result is your monthly expenses. | - * | 5,615.00 |
| 220. | Add the ZZa and ZZb. The result is your monthly expenses. | Ψ | 3,013.00 |
| | ulate your monthly net income. | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 5,794.15 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b\$ | 5,615.00 |
| 230 | Subtract your monthly expenses from your monthly income. | | |
| 230. | The result is your <i>monthly net income</i> . | 23c. \$ | 179.15 |
| For e modi | rou expect an increase or decrease in your expenses within the year after xample, do you expect to finish paying for your car loan within the year or do you expect fication to the terms of your mortgage? | | se or decrease because of a |
| | | | |
| ПΥ | es Explain here: | | |

Schedule J: Your Expenses

page 3

Official Form 106J

| Fill in this inform | mation to identify your | case: | | | | | |
|---------------------|---------------------------------|--|----------------|---|-----------------|---------------------------|-------------|
| Debtor 1 | Matthew D. Guth | rie | | | | | |
| | First Name | Middle Name | Las | t Name | | | |
| Debtor 2 | Tiffany L. Guthri | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | t Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINO | S, EASTERN DIVISIO | N | | |
| Case number | | | | | | | |
| (if known) | | | | | | Check if this | is an |
| | | | | | | amended fili | ng |
| | | | | | | | |
| 00000 | 400D | | | | | | |
| Official Forr | | | | | | | |
| Declarat | ion About a | an Individua | ıl Debt | or's Sched | ules | | 12/15 |
| | | | | | | | |
| f two married pe | ople are filing together | , both are equally respo | nsible for su | pplying correct inforn | nation. | | |
| | | | _ | | | | |
| | | le bankruptcy schedules n connection with a ban | | | | | |
| | 8 U.S.C. §§ 152, 1341, 1 | | Kiupicy case | can result in filles up | 10 \$230,000, (| or imprisorment for a | μ το 20 |
| , | , , | , | | | | | |
| | | | | | | | |
| Sign | n Below | | | | | | |
| | | | | | | | |
| Did you pa | y or agree to pay some | one who is NOT an atto | rney to help y | ou fill out bankruptcy | y forms? | | |
| | | | | | | | |
| ■ No | | | | | | | |
| ☐ Yes. N | Name of person | | | | Attach Bankr | ruptcy Petition Preparer | r's Notice, |
| | | | | | Declaration, a | and Signature (Official I | Form 119) |
| | | | | | | | |
| Under pena | Ity of periury. I declare | that I have read the sun | nmary and sc | hedules filed with this | s declaration a | and | |
| | e true and correct. | | , | | | | |
| Y /0/ Mad | thou D. Cuthric | | v | le/ Tiffeny I Code | ula. | | |
| | thew D. Guthrie w D. Guthrie | | ^ | /s/ Tiffany L. Guth Tiffany L. Guthrie | | | |
| | re of Debtor 1 | | | Signature of Debtor 2 | | | |
| ŭ | | | | - | | | |

Date **February 23, 2016**

Date February 23, 2016

| | Case 16-05960 | Doc 1 Filed 02/ | | 3/16 15:51:43 | Desc Main |
|--------------------|-----------------------------|------------------|----------------------------|---------------|--------------------------------------|
| Fill in this i | nformation to identify yo | ur case: | | | |
| Debtor 1 | Matthew D. Gu | thrie | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Tiffany L. Guth | nrie | | | |
| (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the | NORTHERN DISTRIC | T OF ILLINOIS, EASTERN DIV | ISION | |
| Case number | er | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official | Form 106Sum | | | | |

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | acceta |
|-----|---|-------------|--------------------------|
| | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,003.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 9,003.00 |
| Pai | tt 2: Summarize Your Liabilities | | |
| | | | iabilities it you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 30,892.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 206,812.96 |
| | Your total liabilities | \$ | 237,704.96 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 5,794.15 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,615.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other. | her schedu | ıles. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fa | mily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo | x and sub | mit this form to the |

court with your other schedules.

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Debtor 1
Debtor 2
Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,997.48

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | s informa | ation to identify you | | | | | | |
|------|--------------|---|---------------------------|---|------------|--|--|---------|---|
| De | btor 1 | | Matthew D. Gut | hrie Middle Name | | Last Name | | | |
| De | btor 2 | | Tiffany L. Guthr | ie | | | | | |
| (Sp | ouse if, fil | ling) | First Name | Middle Name | | Last Name | | | |
| Un | ited Sta | ates Bank | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLIN | IOIS, EASTERN DIV | SION | | |
| | se num | nber | | | | | | _ | neck if this is an nended filing |
| | | | m 107 of Financial | Affairs for Indivic | luals | Filing for B | ankruptcy | | 12/1: |
| info | rmatio | n. If mo | | ole. If two married people ar attach a separate sheet to th | | | | | |
| Pa | rt 1: | Give De | etails About Your Ma | rital Status and Where You | Lived E | efore | | | |
| 1. | What | is your | current marital statu | s? | | | | | |
| | | Married | | | | | | | |
| | _ | Not marri | ed | | | | | | |
| 2. | Durin | ng the las | st 3 years, have you | lived anywhere other than w | vhere yo | ou live now? | | | |
| | _ , | No | | · | • | | | | |
| | _ | No Yes. List a | all of the places you liv | ved in the last 3 years. Do not i | nclude v | vhere you live now. | | | |
| | | | or Address: | Dates Debtor 1 | | Debtor 2 Prior Ad | dress: | | Dates Debtor 2 |
| | | 5 Foxcr ora, IL 6 | oft Dr 60506-1245 | From-To: | | Same as Debtor | I | | ☐ Same as Debtor 1 From-To: |
| | | 5 Foxcr ora, IL 6 | oft Dr 60506-1245 | From-To: | | ■ Same as Debtor | l | | ☐ Same as Debtor 1 From-To: |
| | es and | l <i>territories</i> No Yes. Make | s include Arizona, Cal | rer live with a spouse or legatifornia, Idaho, Louisiana, Neveledule H: Your Codebtors (Office Income | ada, Ne | w Mexico, Puerto Ric | | | |
| | | - | | | | | | | |
| 4. | Fill in | the total | amount of income yo | nployment or from operating u received from all jobs and a lave income that you receive to | ıll busine | esses, including part- | ime activities. | calenda | r years? |
| | | No | | | | | | | |
| | | Yes. Fill i | n the details. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | (befo | ss income ore deductions and usions) | Sources of income Check all that apply. | | Gross income (before deductions and exclusions) |

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Debtor 1 Debtor 2 Gu

Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

| | | Debtor 1 | | Debtor 2 | |
|---|---|--|---|---|---|
| For last calendar year: (January 1 to December 31, 2015) | | Sources of income Check all that apply. Gross income (before deductions are exclusions) | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | ■ Wages, commissions, bonuses, tips | \$75,025.68 | ■ Wages, commissions, bonuses, tips | \$19,960.46 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | r year before that: ecember 31, 2014) | ☐ Wages, commissions, bonuses, tips | \$84,364.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| For the calenda (January 1 to De | nr year: ecember 31, 2013) | ☐ Wages, commissions, bonuses, tips | \$78,636.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| ■ No | | | | | |
| _ 110 | | | | | |
| _ | ill in the details. | Debtor 1 | | Debtor 2 | |
| _ | ill in the details. | Debtor 1 Sources of income Describe below | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Yes. Fi | Certain Payments You | Sources of income Describe below u Made Before You Filed for E | (before deductions and exclusions) Bankruptcy | Sources of income | (before deductions |
| Part 3: List C Are either D No. N | Certain Payments You Debtor 1's or Debtor 2 Neither Debtor 1 nor I | Sources of income Describe below | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts: | Sources of income Describe below. | (before deductions and exclusions) |
| Part 3: List C 6. Are either D No. N | Certain Payments You Debtor 1's or Debtor 2 Neither Debtor 1 nor I Individual primarily for a | Sources of income Describe below I Made Before You Filed for E I's debts primarily consumer Debtor 2 has primarily consum personal, family, or household pore you filed for bankruptcy, did | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." | Sources of income Describe below. are defined in 11 U.S.C. § 101(| (before deductions and exclusions) |
| Part 3: List C 6. Are either D No. N ii | Debtor 1's or Debtor 2 Neither Debtor 1 nor I Individual primarily for a During the 90 days beform No. Go to line Yes List below creditor. De | Sources of income Describe below I Made Before You Filed for E S debts primarily consumer of the personal, family, or household personal, family, or household personal or personal or the | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." you pay any creditor a total of a total of \$6,225* or more in conestic support obligations, su | Sources of income Describe below. are defined in 11 U.S.C. § 101(\$6,225* or more? | (before deductions and exclusions) 8) as "incurred by an otal amount you paid that |
| Part 3: List C 6. Are either D No. N ii | Detor 1's or Debtor 2 Neither Debtor 1 nor I Individual primarily for a During the 90 days befor No. Go to line Yes List below creditor. D | Sources of income Describe below I Made Before You Filed for E I's debts primarily consumer Debtor 2 has primarily consula personal, family, or household pore you filed for bankruptcy, did 7. each creditor to whom you paid | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." you pay any creditor a total of a total of \$6,225* or more in conestic support obligations, supposes. | Sources of income Describe below. are defined in 11 U.S.C. § 101(\$6,225* or more? one or more payments and the too as child support and alimore | (before deductions and exclusions) 8) as "incurred by an otal amount you paid that |
| Part 3: List C 6. Are either D No. N ii | Debtor 1's or Debtor 2 Neither Debtor 1 nor I ndividual primarily for a During the 90 days beform No. Go to line Yes List below creditor. Depayments a * Subject to adjustment of the subject of the | Sources of income Describe below I Made Before You Filed for E I's debts primarily consumer Debtor 2 has primarily consumer of personal, family, or household personal, family, or household personal for bankruptcy, did to not include payments for don to an attorney for this bankruptce | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,225* or more in conestic support obligations, sury case. after that for cases filed on or a mer debts. | Sources of income Describe below. are defined in 11 U.S.C. § 101(\$6,225* or more? one or more payments and the to ch as child support and alimore after the date of adjustment. | (before deductions and exclusions) 8) as "incurred by an otal amount you paid that |
| Part 3: List C 6. Are either D No. N ii | Debtor 1's or Debtor 2 Neither Debtor 1 nor I ndividual primarily for a During the 90 days beform No. Go to line Yes List below creditor. Depayments a * Subject to adjustment of the subject of the | Sources of income Describe below In Made Before You Filed for Engrey and the personal, family, or household proposed for bankruptcy, did to an attorney for this bankruptcy to an attorney for this bankruptcy to an 4/01/16 and every 3 years are both have primarily consultations and the proposed for bankruptcy, did to the proposed for both have primarily consultations. | (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,225* or more in conestic support obligations, sury case. after that for cases filed on or a mer debts. | Sources of income Describe below. are defined in 11 U.S.C. § 101(\$6,225* or more? one or more payments and the to ch as child support and alimore after the date of adjustment. | (before deductions and exclusions) 8) as "incurred by an otal amount you paid that |

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| De | b | tor | 1 |
|----|---|-----|---|
| _ | | | _ |

Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
|-----|---|--|--|--|---|---|
| | DT Credit 4020 E Indian School Rd Phoenix, AZ 85018-5220 | Monthly | \$0.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | urd payment |
| 7. | Within 1 year before you filed for bankruptc <i>Insiders</i> include your relatives; any general partr which you are an officer, director, person in cont business you operate as a sole proprietor. 11 U. No Yes. List all payments to an insider | ners; relatives of any general arol, or owner of 20% or more | partners; partnershi e of their voting secu | ps of which you are rities; and any man | a general part aging agent, in | ner; corporations of cluding one for a |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptc insider? Include payments on debts guaranteed or cosign No Yes. List all payments to an insider | | nents or transfer ar | y property on acc | count of a deb | t that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossessions | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankruptc List all such matters, including personal injury countries and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | LVNV Funding, LLC v. Matthew Guthrie 15 Sc 4221 | Collection | Circuit Court 1 Kane County | 6th Circuit, | ■ Pending □ On appe □ Conclude | |
| 10. | Within 1 year before you filed for bankruptc Check all that apply and fill in the details below No Yes. Fill in the information below. | | ty repossessed, fo | reclosed, garnish | ed, attached, | seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | Chase Freedom Credit Card | Explain what happened Chrysler Aspen Repo □ Property was reposses □ Property was foreclose □ Property was garnished □ Property was attached, | sed. d. d. | 08/20 | 015 | \$0.00 |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your

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| | otor 1 otor 2 Guthrie, Matthew D. & Guthrie | e, Tiffa | Document Page 49 of 59 ca | 9 ise number <i>(i</i> i | f known) | |
|-----|---|----------|--|-----------------------------|------------------------------|-----------------------|
| | accounts or refuse to make a payment be | ecause | you owed a debt? | | | |
| | Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | De | escribe the action the creditor took | | Date action was taken | Amount |
| 12. | court-appointed receiver, a custodian, or | | | ion of an ass | signee for the benefi | t of creditors, a |
| | ■ No □ Yes | | | | | |
| Par | t 5: List Certain Gifts and Contributions | s | | | | |
| 13. | Within 2 years before you filed for bankru No | uptcy, d | did you give any gifts with a total value | of more tha | n \$600 per person? | |
| | Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 person | 0 per | Describe the gifts | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | | with a total v | alue of more than \$ | 600 to any charity |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | , | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | ptcy or | since you filed for bankruptcy, did you | lose anythi | ng because of theft, | fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descr | ibe any insurance coverage for the loss | 3 | Date of your | Value of property |
| | how the loss occurred | Includ | e the amount that insurance has paid. List nce claims on line 33 of Schedule A/B: Pro | t pending | loss | lost |
| Par | t 7: List Certain Payments or Transfers | 5 | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pre | reparir | ng a bankruptcy petition? | | | y to anyone you |
| | □ No | | | | | |
| | ✓ No✓ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any propert transferred | ty | Date payment or transfer was | Amount of payment |
| | Email or website address Person Who Made the Payment, if Not You | ou | | | made | |
| | Jordan Legal Group 1999 W Galena Blvd Ste B Aurora, IL 60506-4305 | | 0.00 | | | \$0.00 |

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| Deb | otor 2 Guthrie, Matthew D. & Guthrie, T | ittany L. | | Case number (| if known) | |
|-----|---|---|-------------------------------|-----------------|--|---|
| 17. | Within 1 year before you filed for bankruptcy | | | | transfer any propert | y to anyone who |
| | promised to help you deal with your creditor Do not include any payment or transfer that you li | | to your creditors | ? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and vertransferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mad gifts and transfers that you have already listed on No Yes. Fill in the details. | siness or financial affaille as security (such as the | rs? | | | |
| | Person Who Received Transfer Address | | property transferred payments | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | g- | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | | property to a se | lf-settled trus | st or similar device of | which you are a |
| | Name of trust | Description and va | alue of the prope | rty transforra | ud | Date Transfer was |
| | Name of trust | Description and vi | aide of the prope | ity transierie | eu . | made |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit I | Boxes, and Storag | ge Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details. | other financial account | s; certificates of | • | • | , , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | clo | te account was sed, sold, oved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yo cash, or other valuables? | ear before you filed for I | oankruptcy, any s | safe deposit I | oox or other deposito | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had according Address (Number, Stand ZIP Code) | | Describe the o | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | r place other than your I | nome within 1 yea | ar before you | filed for bankruptcy | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St and ZIP Code) | | Describe the (| contents | Do you still have it? |
| | | | | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

Debtor 1

Entered 02/23/16 15:51:43 Case 16-05960 Doc 1 Filed 02/23/16 Desc Main Page 51 of 59 Document Debtor 1 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if known) Debtor 2 someone. Nο Yes. Fill in the details. Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Date of notice Governmental unit Environmental law, if you Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number case Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business

☐ An owner of at least 5% of the voting or equity securities of a corporation

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation

Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Page 52 of 59 Document Debtor 1 Guthrie, Matthew D. & Guthrie, Tiffany L. Case number (if known) Debtor 2 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Matthew D. Guthrie /s/ Tiffany L. Guthrie Matthew D. Guthrie Tiffanv L. Guthrie Signature of Debtor 1 Signature of Debtor 2 Date February 23, 2016 Date February 23, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

| Fill in this information to identify your case: | | | | | | |
|---|--------------------|---|--|--|--|--|
| Debtor 1 Matthew D. Guthrie | | | | | | |
| Debtor 2 (Spouse, if filing) | Tiffany L. Guthrie | | | | | |
| United States Bankruptcy Court for the: | | Northern District of Illinois, Eastern Division | | | | |
| Case number (if known) | | | | | | |
| | | | | | | |

| | Check one box only as directed in this form and in Form 122A-1Supp: |
|---|---|
| Ī | ■ 1. There is no presumption of abuse |
| | ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test |

- Calculation (Official Form 122A-2).
 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

0 - 1 ---- 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | Colum Debto | | Debt | mn B or 2 or filing spouse |
|--|----------------------------------|------------------------------------|----------------|----------|------|----------------------------------|
| Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commission | ons (before all | \$ | 6,303.64 | \$ | 1,693.84 |
| Alimony and maintenance payments. Do not include Column B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household, roommates. Include regular contributions from a spous Do not include payments you listed on line 3 | Include regula your dependent | r contributions s, parents, and | ·\$ | 0.00 | \$ | 0.00 |
| 5. Net income from operating a business, profession, | | | | | | |
| | | ebtor 1 | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | _ | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | _ | | | | |
| Net monthly income from a business, profession, or far | m \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 6. Net income from rental and other real property | | | | | | |
| | De | ebtor 1 | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | <u> </u> | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | | | |
| Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 7. Interest, dividends, and royalties | | _ | \$ | 0.00 | \$ | 0.00 |

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Debtor 1 Debtor 2 Guthrie, Matthew D. & Guthrie, Tiffany L.

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 or | | |
|------|--|---|---------------|-------------------------------|-------------|----------------------|--------------|----------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | ' - |
| | Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here: | eceived was a benefi | t under the | | | | | |
| | For you\$ | | 0.00 | | | | | |
| | For your spouse\$ | | 0.00 | | | | | |
| | Pension or retirement income. Do not include any amounder the Social Security Act. | | | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Spec not include any benefits received under the Social Securi a victim of a war crime, a crime against humanity, or inter If necessary, list other sources on a separate page and p | ty Act or payments re national or domestic | eceived as | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total | 0 | \$ | 6,303.64 | + \$ | 1,693.84 | | 7,997.48 |
| Part | 2: Determine Whether the Means Test Applies to | You | | | | | moome | |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 1 | 1 | | Сору | y line 11 | here=> | \$ | 7,997.48 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 1 | 2 |
| | 12b. The result is your annual income for this part of the | form | | | | 12b | . \$9 | 5,969.76 |
| 13. | Calculate the median family income that applies to y | ou. Follow these ste | eps: | | | | L | |
| | Fill in the state in which you live. | IL | | | | | | |
| | Fill in the number of people in your household. | 7 | _ | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go form. This list may also be available at the bankruptcy of | online using the link | specified in | n the separat | te instruct | 13. tions for this | \$ <u>11</u> | 1,118.00 |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. O Go to Part 3. | n the top of page 1, | check box | 1T,here is no p | oresumpti | ion of abuse. | | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box | : 2Ţhe presu | ımption of ab | use is de | termined by Fo | orm 122A- | 2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury the | nat the information or | n this staten | nent and in a | ny attachr | nents is true a | nd correct. | |
| | X /s/ Matthew D. Guthrie | x | /s/ Tiffa | ny L. Guth | rie | | | |
| | Matthew D. Guthrie | | | L. Guthrie | | | | |
| | Signature of Debtor 1 | Dota | • | of Debtor 2 | | | | |
| | Date February 23, 2016 MM / DD / YYYY | Date | MM / DD | r y 23, 2016 / YYYY |) | | | |
| | If you checked line 14a, do NOT fill out or file Forn | n 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and fi | le it with this form. | | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|---|
| \$245 | filing fee | - |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-05960 Doc 1 Filed 02/23/16 Entered 02/23/16 15:51:43 Desc Main Document Page 59 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Guthrie, Matthew D. & Guthrie, Tiffany L. | | Case No. | | |
|--------------|---|-------------------------------------|-----------------------|----------------------------|-------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTO | ORNEY FOR | DEBTOR | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | ng of the petition in bankruptcy | y, or agreed to be pa | id to me, for services rer | |
| | For legal services, I have agreed to accept | | \$ | 2,000.00 | |
| | Prior to the filing of this statement I have received. | | \$ | 900.00 | |
| | Balance Due | | \$ | 1,100.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed comp firm. | pensation with any other person | n unless they are me | mbers and associates of | my law |
| [| ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the national control of the same of the sam | | | | w firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | cts of the bankruptc | case, including: | |
| b c | Analysis of the debtor's financial situation, and rende Preparation and filing of any petition, schedules, stat Representation of the debtor at the meeting of credite [Other provisions as needed] | tement of affairs and plan whic | h may be required; | - | uptcy; |
| 6. E | By agreement with the debtor(s), the above-disclosed fe | e does not include the following | ng service: | | |
| | | CERTIFICATION | | | |
| I this ba | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | or payment to me fo | representation of the de | ebtor(s) in |
| Fe | ebruary 23, 2016 | /s/ Darrell Jordar | 1 | | _ |
| Da | ate | Darrell Jordan Signature of Attorne | av | | |
| | | Jordan Legal Gro | | | |
| | | 1999 W Galena B Aurora, IL 60506 | | | |
| | | djordan@djordan Name of law firm | nlegal.com | | _ |